PAGE 1 / 24

# **FEC**

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURINI 3A	For	Other Than An	Authorized	d Commit	ttee		Office Us	se Only	
NAME OF COMMITTEE (in		E OR PRINT ▼		ample: If typer the lines.	oing, type	12FE4	M5		
American Soci	ety of Plast	ic Surgeons F	Plastypac						
ADDRESS (number an  ▼ Check if diff than previou	erent	44 E Algonquin Rd				. 11	60005		
reported. (Al	CĆ)	rlington Heights  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	CITY A			STATE A	60005	ZIP COD	DE A
C C0024934	2		3. IS THIS REPORT	x	NEW (N) OR		AMENDED (A)		
4. TYPE OF REF (Choose One)  (a) Quarterly Re	·	b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		ug 20 (M8) ep 20 (M9) Oct 20 (M10)	Ï	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterl October Quarterl January	y Report (Q3) 31	(c) 12-Day PRE-Election Report for		Primary (12 Convention		-	ral (12G) al (12S)	in the State of	Runoff (12R)
July 31 Report ( Year On	d Report (YE) Mid-Year Non-election ly) (MY)	(d) 30-Day POST-Elec Report for	tion	General (3	0G)	Runo	ff (30R)		Special (30S)
5. Covering Period	M = M 09		Y Y Y Y 2016	through	09	/ D D 30	/ Y Y 201	16	
I certify that I have e	G	eport and to the b Greco, Richard, J., , I		wledge and	belief it is tr	ue, correct	and complet	te.	
Signature of Treasure	Greco, Ric	hard, J., , MD		[Electronica	lly Filed] [	Date 1	) / D		2016
NOTE: Submission of	false, erroneous	, or incomplete info	rmation may su	ubject the pe	erson signing t	his Report t			-
Office Use								FORI Rev. 05/20	

	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS		Page <b>2</b>
Write	or Type Committee Name			
Ame	erican Society of Plastic Surgeo	ons Plastypac		
Report	Covering the Period: From:	9 01 2016	To: 09 / 30 /	2016
		COLUMN A This Period	COLUMN Calendar Year-t	
. (a)	Cash on Hand January 1, 2016		117117	131950.91
(b)	Cash on Hand at Beginning of Reporting Period	144426.95		
(c)	Total Receipts (from Line 19)	12278.16	1 4 1 4	153482.44
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	156705.11	7 7	285433.35
. Tota	al Disbursements (from Line 31)	50488.91	7 1 7	179217.15
Rep	sh on Hand at Close of porting Period paract Line 7 from Line 6(d))	106216.20	4	106216.20
the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on edule C and/or Schedule D)	0.00		
the	ots and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	0.00		
	This committee has qualified as a multica	andidate committee. (see FEC FORM 1M)		
	ı	For further information contact:		
		Federal Election Commission 999 E Street, NW Washington, DC 20463		

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### American Society of Plastic Surgeons Plastypac

an loans) From: as Other mmittees Schedule A)  and (ii)  mmittees mmittees (c) (Carry page 5)	COLUMN A Total This Period  10515.16  1713.00  12228.16  0.00  0.00	COLUMN B Calendar Year-to-Date  131060.80  22371.64  153432.44  0.00  0.00
and (ii)	1713.00 12228.16 0.00	22371.64 153432.44 0.00
and (ii)	1713.00 12228.16 0.00	22371.64 153432.44 0.00
and (ii)	1713.00 12228.16 0.00	22371.64 153432.44 0.00
and (ii)  mmittees  mmittees  s (add Lines (c)) (Carry	12228.16	153432.44
mmittees mmittees s (add Lines (c)) (Carry	0.00	0.00
mmitteess (add Lines (c)) (Carry	7 7 7	
s (add Lines (c)) (Carry	0.00	0.00
(c)) (Carry		
	12228.16	153432.44
ed/Other	0.00	0.00
	0.00	0.00
ceived	0.00	0.00
c.) 87, page 5)	0.00	0.00
and Other	50.00	50.00
s		7 7 7
ederal and Levin Funds	0.00	0.00
3)	0.00	0.00
Schedule H5)	0.00	0.00
d 18(a) and 18(b))	0.00	0.00
	ceived	beived

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		Caroniaa Tour to Suite
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)		4 4	
(c)	Expenditures  Total Operating Expenditures	488.91	5231.56
(0)	(add 21(a)(i), (a)(ii), and (b))▶	488.91	5231.56
	nsfers to Affiliated/Other Party	0.00	0.00
. Co	ntributions to deral Candidates/Committees	49000.00	170200.00
	d Other Political Committees	49000.00	170200.00
(us	e Schedule E)ordinated Party Expenditures	0.00	0.00
(us	e Schedule F)	0.00	0.00
Loa	an Repayments Made	0.00	0.00
Re	ans Madefunds of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	1000.00	3333.32
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	1000.00	3333.32
Oth	ner Disbursements (Including		
No	n-Federal Donations)	0.00	452.27
	deral Election Activity (52 U.S.C. § 30101( Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
	V	0.00	0.00
(b)	(ii) "Levin" Share Federal Election Activity Paid	0.00	0.00
(c)	Entirely With Federal Funds Total Federal Election Activity (add	0.00	0.00
` '	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	al Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	50488.91	179217.15
	al Federal Disbursements	7 7 7	7 7
	m Line 31)	50488.91	179217.15
	btract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	50488.91	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

,		3.5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12228.16	153432.44
34. Total Contribution Refunds (from Line 28(d))	1000.00	3333.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11228.16	150099.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	488.91	5231.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	488.91	5231.56

FOR LINE NUMBER: PAGE 6 OF 24 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, Debra, J., , MD Date of Receipt Mailing Address 3500 Cutter Way 2016 City Zip Code State Transaction ID: A8A8CC15D1E744CE8846 CA Sacramento 95818-4442 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) The Plastic Surgery Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1419.33 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LoVerme, Paul, J., MD, FACS Date of Receipt Mailing Address 3 Brook Ridge Ct 09 2016 City State Zip Code Transaction ID: AA3548C53C4B04677A99 NJ Cedar Grove 07009-1641 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Potochny, John, D., , MD Date of Receipt Mailing Address 500 University Drive 2016 City Zip Code State Transaction ID: A19DBE832760A4575A69 РΑ Hershey 17033-2360 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Penn State Hershey Medical Center Penn State Hershey Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 383.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

24 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vaughn, Ted, R., , MD Date of Receipt Mailing Address 105 Tall Pines Trl 2016 City Zip Code State Transaction ID: A1BC67E27D73F400183C SC Greenwood 29646-9276 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bailey, M. Hugh, , Dr., MD, FACS Date of Receipt Mailing Address 4 Clearview 2016 City State Zip Code Transaction ID: A4C6A4C35228744F392B CA **Newport Coast** 92657-1518 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Calianos, Theodore, A., MD Date of Receipt Mailing Address 151 Whitmar Rd 03 2016 City Zip Code State Transaction ID: A520D7237444E44D486C MA Cotuit 02635-2931 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 391.66 Other (specify) 475.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

l	FC	DR	LINE	PAGE		8	OF		24			
l	(check only one)											
		X	11a		11b		11c		12			
l			13		14		15		16	;		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glasberg, Scot, Bradley, Mr., MD, FACS Date of Receipt Mailing Address 900 Park Ave Apt 19AB 2016 City Zip Code State Transaction ID: A489C37676B504795835 NY New York 10075-0231 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 810.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lomax, John, Eric, , MD Date of Receipt Mailing Address 4137 W Stonewater Dr 2016 City State Zip Code Transaction ID: A45243BB7E1924E3A83F IL Peoria 61615-8852 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tehrani, Kevin, , , MD Date of Receipt Mailing Address 108 E 35th St 03 2016 City Zip Code State Transaction ID: A65BE74E2D6244B29B6A NY New York 10016-3807 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify)

FEC Schedule A (Form 3X) Rev. 06/2016

840.00

24 FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lentz III MD, Carl W, W., , MD Date of Receipt Mailing Address 1265 W, Granada Blvd, suite 3 2016 City Zip Code State Transaction ID: A5CE6224ED8134DF2827 FL 32174-8256 Ormond Beach Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bolitho, Douglas, G., MD, PhD, F Date of Receipt Mailing Address 501 Pine Needles Dr 09 2016 City State Zip Code Transaction ID: A6449CD15D6E643EEB07 CA Del Mar 92014-3333 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kirn, David, S., , MD Date of Receipt Mailing Address 1230 Belmar Ln 14 2016 City Zip Code State Transaction ID : AF53955230D86431BAE6 KY Lexington 40515-9411 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mudge, Bradley, P.,, MD Date of Receipt Mailing Address 2606 Canto Rompeolas 2016 City Zip Code State Transaction ID: AB6E535E6FFC944EC92E CA San Clemente 92673-6419 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Powers, Mary, A., , MD Date of Receipt Mailing Address 696 Hampshire Rd 14 2016 Ste 240 City State Zip Code Transaction ID: AD76B17982E89426CA8B Westlake Village CA 91361-4461 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Songcharoen, Somprasong, , , MD Date of Receipt Mailing Address 2 Deerfield Dr 14 2016 City Zip Code State Transaction ID: AB49CFDECD15C447AABE MS Madison 39110-9749 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Damitz, Lynn, A., , MD Date of Receipt Mailing Address 4917 Mill Hill Ln 19 2016 City Zip Code State Transaction ID: AA24296B8802C49FEA4C NC Chapel Hill 27517-7447 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **UNC Div of Plastic & Recon Surgery** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 916.63 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Preminger, Beth, A., , MD Date of Receipt Mailing Address 435 E 70th St 19 2016 180 East End Avenue #20E City Zip Code State Transaction ID: ACA0C4D8847554C88986 NY New York 10128 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) New York State Society of Plastic Surg Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smotrich, Gary, A., Mr., MD Date of Receipt Mailing Address 4 Grace Hill Ct 19 2016 4 Grace Hill Court City Zip Code State Transaction ID: A5D3D2877C4994FA790B NJ Titusville 08560 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) New Jersey Society of Plastic Surgeons Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 283.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bernard, Steven, L., , MD Date of Receipt Mailing Address A60 9500 Euclid Avenue 2016 City Zip Code State Transaction ID: A00004BDB77CB47409B9 OH Cleveland 44195-0001 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bonawitz, Steven, C., , MD Date of Receipt Mailing Address 800 S 19th St 2016 800 S 19th Street City State Zip Code Transaction ID : A8113345F419541D390B Philadelphia PA 19146 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Egeland, Brent, , , MD Date of Receipt Mailing Address 2719 Regents Park 24 2016 2719 Regents Park City State Zip Code Transaction ID: A5F9809B5B1164E0BAC4 TX Austin 78746 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Johnson, R. Michael, , , MD Date of Receipt Mailing Address 774 E Schantz Ave 2016 City Zip Code State Transaction ID: A62C5700CBEFE4B3899D OH Oakwood 45419-3815 Amount of Each Receipt this Period FEC ID number of contributing C 83.50 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 283.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kalliainen, Loree, K., , MD, FACS Date of Receipt Mailing Address 7920 Hill Trl N 2016 7920 Hill Trail Nort City State Zip Code Transaction ID : AFCEB62F0A5FB4B5DBFB MN Lake Elmo 55042 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Regions Hospital Plastic/Hand Surgery Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Peterson, Elizabeth, , , MD Date of Receipt Mailing Address PO Box 8168 24 2016 City Zip Code State Transaction ID: A4DABB5273FDE49F4ABD WA Spokane 99203-0168 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 933.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wooden, William, A., , MD Date of Receipt Mailing Address 2551 E County Road 750 S 2016 City Zip Code State Transaction ID: A186D1A5F0487443897E IN Clayton 46118-9472 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **IUPUI. School Of Medicine** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Costelloe, Michael, D., , Date of Receipt Mailing Address 444 E Algonquin Rd 09 2016 444 E. Algonquin Road City State Zip Code Transaction ID: A630D5E3E11C246808F1 IL Arlington Heights 60005 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) American Society of Plastic Surgeons Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ness, Daniel, T., , MD Date of Receipt Mailing Address 3509 Sawgrass Ct 25 2016 3259 Lake Pointe Drive City Zip Code State Transaction ID: A7AD1D1700AF846F6AB3 NC Belmont 28012 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Piedmont Plastic Surgery Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Baynosa, Richard, C., Dr., MD Date of Receipt Mailing Address 10720 Capesthorne Way 10720 Capesthorne Way 2016 City Zip Code State Transaction ID: ABE89B97800FB40B4A7E NV Las Vegas 89135-2243 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) University of Nevada School of Med Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Carpenter, Robert, John, MD Date of Receipt Mailing Address 818 Windsor Rd 09 2016 City State Zip Code Transaction ID : AB1E1866B67624A06B6E MD Cumberland 21502-2730 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Crabtree, Thomas, G., , MD Date of Receipt Mailing Address 810H N Kalaheo Ave 28 2016 Apt H City State Zip Code Transaction ID: AF1ADC1F8F91243C8B99 HI Kailua 96734-1912 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Plastic Surgeons Plastypac Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shulman, Alissa, , , MD Date of Receipt Mailing Address 611 Owl Way 611 Owl Way 2016 City Zip Code State Transaction ID: AAA61094733504EB98DF FL 34236 Sarasota Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Wilder, Fred, , , MD Date of Receipt Mailing Address 3405 Wandering Mdws 2016 City State Zip Code Transaction ID: A55DBDDC4E9994077BB3 TX Austin 78746-1650 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... 10515.16 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  AME OF COMMITTEE (In Full)  American Society of Plastic Surgeons Plastypac  Full Name (Last, First, Middle Initial)  A. JP Morgan Chase  Mailing Address 1201 S Milwaukee Ave  City Libertyville Purpose of Disbursement CC.com Fee Candidate Name  Office Sought: Full Name (Last, First, Middle Initial)  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Transaction ID: B170C34D44  Amount of Each Disbursement this Period  Technology (Category/ Type)  Category/ Type  Category/ Type  General  Candidate Name  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Memo Item  Fill Name (Last, First, Middle Initial)  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 1				17 OF 24
Any information copied from such Reports and Statement may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Society of Plastic Surgeons Plastypac  Full Name (Last, First, Middle Initial)  A. JP Morgan Chase  Mailing Address 1201 S Miswaukee Ave  City State Zip Code IL 60048-3737  Purpose of Disbursement CC-com Fee Candidate Name  Office Sought: House Primary General  Purpose of Disbursement  Candidate Name  Date of Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Berion  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Transaction ID: 8170C34D441  Transaction ID: 8170C34D441  Transaction ID: 8170C34D441  Amount of Each Disbursement Ins Period  Transaction ID: 8170C34D441  Trans	ITEMIZED DISBURSEMENTS			l '				
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TOTAL This Period (last page this line number only)		`		<u> </u>				488 91

SCHEDULE B (FEC Form 3X)		FOR LINE N	JUMBER: PAGE 18 OF 24
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
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		28a	28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Society of Plastic Surgeo	ns Plastypac		
Full Name (Last, First, Middle Initial)			
A. BUTTERFIELD FOR CONGRESS			Date of Disbursement
Mailing Address 434 FAYETTEVILLE STREET SUITE 2020			09 09 2016
,	state Zip Code		FEC Identification Number
RALEIGH Purpose of Disbursement	NC 27601		
Fulpose of Disbursement			C C00401190  Transaction ID : B2307665B62
Candidate Name	-	Category/	Amount of Each Disbursement this Period
Butterfield, G.K., , Rep., Jr.		Type	
	nent For: 2016  Primary 🗶 General		1000.00
President	Other (specify) ▼		Memo Item
State: NC District: 01			
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. KANSANS FOR MARSHALL			
Mailing Address PO BOX 1588			09 09 2016
,	tate Zip Code		FEC Identification Number
	KS 67530		
Purpose of Disbursement			C C00576173
Candidate Name	L		Transaction ID : B72B9F8706E
Marshall, Roger, W, ,		Category/ Type	Amount of Each Disbursement this Period
	nent For: 2016	.,,,,,	1000.00
Senate	Primary <b>x</b> General		4 4
President	Other (specify)		Memo Item
State: KS District: 01			
Full Name (Last, First, Middle Initial)	0.1.15.1.01.1		Data of Dishara annual
C. GENE GREEN CONGRESSIONAL	. CAMPAIGN		Date of Disbursement
Mailing Address PO BOX 16128			09 16 2016
City	state Zip Code		FFC Identification Number
HOUSTON	TX 77222		FEC Identification Number
Purpose of Disbursement			C C00254185
			Transaction ID : B25C5BD0B(
Candidate Name		Category/	Amount of Each Disbursement this Period
Green, Gene, , Rep.,  Office Sought: House Disbursem	nent For: 2016	Туре	2500.00
	Primary <b>X</b> General		4-14-14-14-14-14-14-14-14-14-14-14-14-14
	Other (specify)		Mama Itam
State: TX District: 29			Memo Item
SUBTOTAL of Disbursements This Page (optional)			4500.00
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NAME OF COMMITTEE (In Full)		o. any pointed		
American Society of Plastic Surgeo	ons Plasty	ypac		
Full Name (Last, First, Middle Initial)				
- Marco Rubio for Senate				Date of Disbursement
Mailing Address PO Box 558701				09 16 2016
City Miami	State	Zip Code 33255-8701		FEC Identification Number
Purpose of Disbursement		33233-0701		C C00458844
•				C C00458844  Transaction ID : B2029935C73
Candidate Name			Category/	Amount of Each Disbursement this Period
Rubio, Marco, , Sen.,			Type	
	ment For: 20			5000.00
Senate President	Primary Other (specif	<b>∡</b> General <b>y</b>		Memo Item
State: FL District:				I momo nom
Full Name (Last, First, Middle Initial)				
<ul> <li>Dr. Raul Ruiz for Congress</li> </ul>				Date of Disbursement
Mailing Address PO Box 3433				09 20 7 2016
City	State	Zip Code		
Palm Desert	CA	92261		FEC Identification Number
Purpose of Disbursement				C C00502575
				Transaction ID : B1678581EEF
Candidate Name		"	Category/	Amount of Each Disbursement this Period
Ruiz, Raul, , Rep.,  Office Sought:     House   Disburser	ment For: 20		Туре	3000.00
Office Sought: House Disburser Senate	Primary	116 General		3000.00
	Other (specif	40		Manager Name
State: CA District: 36		<u> </u>		Memo Item
Full Name (Last, First, Middle Initial)				Data of Dishurance
- Bilirakis for Congress				Date of Disbursement
Mailing Address PO Box 606				09 21 2016
	State	Zip Code		EEC Identification Number
City	FL	34688-0606		FEC Identification Number
Tarpon Springs	Purpose of Disbursement			
Tarpon Springs				
Tarpon Springs Purpose of Disbursement				Transaction ID : B2D8A6EEE
Tarpon Springs Purpose of Disbursement  Candidate Name			Category/	Transaction ID : B2D8A6EEE( Amount of Each Disbursement this Period
Tarpon Springs Purpose of Disbursement  Candidate Name Bilirakis, Gus, M., Rep.,	nent For: 20	116	Category/ Type	
Tarpon Springs Purpose of Disbursement  Candidate Name Bilirakis, Gus, M., Rep.,	ment For: 20 Primary	116		Amount of Each Disbursement this Period
Tarpon Springs Purpose of Disbursement  Candidate Name Bilirakis, Gus, M., Rep.,  Office Sought: House Disburser		<b>★</b> General		Amount of Each Disbursement this Period 2500.00
Tarpon Springs Purpose of Disbursement  Candidate Name  Bilirakis, Gus, M., Rep.,  Office Sought:    X   House   Disburser	Primary	<b>★</b> General		Amount of Each Disbursement this Period
Tarpon Springs Purpose of Disbursement  Candidate Name Bilirakis, Gus, M., Rep.,  Office Sought:    X   House   Disburser     Senate   President     State: FL   District: 12	Primary Other (specif	<b>x</b> General <b>y</b>	Type	Amount of Each Disbursement this Period 2500.00  Memo Item
Tarpon Springs Purpose of Disbursement  Candidate Name Bilirakis, Gus, M., Rep.,  Office Sought:    W   House   Disburser	Primary Other (specif	<b>x</b> General <b>y</b>	Type	Amount of Each Disbursement this Period 2500.00

	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General	FEC Identification Number  C C00513077  Transaction ID: BB9F03CE06 Amount of Each Disbursement this Period  2500.00  Memo Item
Zin Code	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Category/ Type  Category/ Type	Transaction ID: BA672E5F24( Amount of Each Disbursement this Period  Memo Item
	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC Identification Number  C C00462069  Transaction ID: B27EC3317A  Amount of Each Disbursement this Period  5000.00
y (s	P1358  Category/ Type  Or: 2016  y General (specify) ▼  Other   Zip Code 01970  Category/ Type  Or: 2016  y General (specify)  Category/ Type  Category/ Type  Category/ Type  Or: 2016

	21h	22 <b>X</b> 23 26 27 28c 29 30b
ons Plastypac		
		Date of Disbursement
		09 23 2016
State Zip Code 50304		FEC Identification Number
		C C00230482
	Category/	Transaction ID: BCEE1F3414.  Amount of Each Disbursement this Period
ment For: 2016	Туре	5000.00
Other (specify) ▼		Memo Item
RESS INC.		Date of Disbursement
		09 26 2016
State Zip Code NC 27624		FEC Identification Number
	· · · ·	C C00499236
	Category/	Transaction ID : BECCB9A6BI Amount of Each Disbursement this Period
	Type	2500.00
		2500.00
Other (specify)		Memo Item
		Date of Disbursement
		M M / D D / Y Y Y Y
		09 27 2016
State Zip Code MN 55344		FEC Identification Number
30044		C C00439661
		Transaction ID : B876F4A891
	Category/ Type	Amount of Each Disbursement this Period
ment For: 2016		2500.00
Primary General		_
Primary ☐ General Other (specify) ▼		Memo Item
,		Memo Item 10000.00
n s	for each category of the Detailed Summary Page  ments may not be sold or the and address of any political points.  State	Use separate schedule(s) for each category of the Detailed Summary Page  Inents may not be sold or used by any persone and address of any political committee to the sold of t

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SC	HEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:	PAGE 22 OF 24
ITE	MIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	one)	
			Summary Page	21b	22 <b>X</b> 23	26 27
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$\vdash$	NAME OF COMMITTEE (In Full)	and dddn	cos or any ponnoc	5011111111100 10	Control Contribution	odon committee.
I \	American Society of Plastic Surgeo	nne Plaet	tynac			
$ \angle $	American occiety of Flastic Surget		ιγρασ			
-	Full Name (Last, First, Middle Initial)				D	
Α.	Friends of Kelly Ayotte Inc				Date of Disburs	
	Mailing Address PO Box 937					27 2016
	City	State	Zip Code		FEC Identificati	on Number
	Manchester	NH	03105-0937		i Lo identinicati	OIT NUTTIDET
	Purpose of Disbursement				C C00464	297
	Candidate Name					n ID : BA832DAB96
	Ayotte, Kelly, A., Sen.,			Category/	Amount of Each	h Disbursement this Period
	<u> </u>	nent For: 2	016	Туре		5000.00
	x Senate	Primary	General		7	45 45
	President State: NH District:	Other (spec			Memo Item	ı
	Full Name (Last, First, Middle Initial)					
	FRIENDS OF TODD YOUNG, INC	) <u>.</u>			Date of Disburs	sement
					M = M / D	D / Y Y Y Y
	Mailing Address PO BOX 1053				09 27 2016	
	-	State	Zip Code		FEC Identificati	on Number
	BLOOMINGTON Purpose of Disbursement	IN	47402		000450	DEE
					C C00459	
-	Candidate Name		Category/			n ID : BA450B90A24  n Disbursement this Period
	Young, Todd, C., Rep.,			Type	or Laoi	
i		nent For: 2			4	3000.00
	x Senate	Primary	<b>✗</b> General			·
	President State: IN District:	Other (spec	eify)		Memo Item	1
	Full Name (Last, First, Middle Initial)					
	Guthrie for Congress				Date of Disburs	sement
					M M / D	<b>D</b> / <b>Y Y Y Y Y Y</b>
	Mailing Address PO Box 9639				09	28 2016
	City	State	Zip Code		EEC Idon*ifica*	on Number
	Bowling Green	KY	42102-9639		FEC Identificati	on Number
	Purpose of Disbursement				C C00445	023
	Candidate Name					n ID : B6F4EF1747
	Guthrie, Brett, , Rep.,			Category/	Amount of Each	h Disbursement this Period
		nent For: 2	016	Туре		2500.00
	Senate	Primary	General		4	4
	President	Other (spec	••		Mome Here	
_	State: KY District: 02				Memo Item	·
	,			'		
SI	JBTOTAL of Disbursements This Page (optional)			······		10500.00
	TAL This David /look name this line mount					
110	OTAL This Period (last page this line number only)	• • • • • • • • • • • • • • • • • • • •				

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 23 OF 24					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)					
	Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Statem	nents may not be sold or us							
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NAME OF COMMITTEE (In Full)								
American Society of Plastic Surgeo	ons Plastypac							
Full Name (Last, First, Middle Initial)			2					
A. ADRIAN SMITH FOR CONGRESS	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Mailing Address 3321 AVENUE I SUITE 6								
,	State Zip Code NE 69361-4587		FEC Identification Number					
SCOTTSBLUFF Purpose of Disbursement	NE 69361-4587		C C00413200					
. s.pood of Diobalcomont			C C00412890					
Candidate Name		Category/	Transaction ID: B408E3C64D  Amount of Each Disbursement this Period					
Smith, Adrian, M., Rep.,		Type	oan or East Dissursonion this i shou					
Office Sought: House Disbursen	nent For: 2016 Primary <b>x</b> General		2500.00					
State: NE District: 03	Other (specify) ▼		Memo Item					
Full Name (Last, First, Middle Initial)								
B. Volunteers for Shimkus			Date of Disbursement					
Mailing Address PO Box 661			09 29 2016					
	State Zip Code		FEC Identification Number					
Collinsville Purpose of Disbursement	IL 62234-0661		O congress					
. a.pood of Diobaloumont			C C00258855					
Candidate Name		Category/	Transaction ID: B5D859A191: Amount of Each Disbursement this Period					
Shimkus, John, M., Rep.,		Type	, another than bisbursoment this relieu					
	nent For: 2016		2500.00					
	Primary General							
President State: IL District: 15	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
<b>J.</b>			M M / D D / Y Y Y Y					
Mailing Address			M - M / D - D / T - T - T - T					
City	State Zip Code		FEC Identification Number					
Purpose of Disbursement		· · · ·	C					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursen	nent For:	.76						
Senate	Primary General		7 7					
	Other (specify) ▼		Memo Item					
State: District:			ш					
SUBTOTAL of Disbursements This Page (optional)		·····•	5000.00					
			49000.00					
TOTAL This Period (last page this line number only)			49000.00					

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SCHEDULE B (FEC Form 3)				FOR	LINE I	NUMBER	:		Р	AGE	24 OF	F 24	
ITEMIZED DISBURSEMENTS			rate schedule(s) category of the	(checl	heck only one)								
			Summary Page	x	21b 28a	22 28b		23 28c	26 29		27 30b		
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Any information copied from such Reports a or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)													
American Society of Plastic	Surgeor	ns Plas	typac										
Full Name (Last, First, Middle Initial)													
A. Furnas, Heather, J., , MD						Date of Disbursement							
Mailing Address 3981 Skyfarm Dr						09 01 2016							
City		ate CA	Zip Code			FEC Id	entific	ation	Numbe	er			
Santa Rosa Purpose of Disbursement		,A	95403-0935				-			_			
Refund						C							
Candidate Name Category/						Transaction ID : BEE1E31E45.  Amount of Each Disbursement this Period							
Office Sought: House	Disburseme	nt For:		Туре					-		1000.00		
Senate		Primary General					7						
President		ther (spec	sify) 🔻			Me Me	emo Ito	em					
State: District:							,,,,,						
Full Name (Last, First, Middle Initial)						5.	. D: 1						
B.						Date of Disbursement							
Mailing Address						M = M		D   [		Y   Y	" Y " Y		
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City	Sta	ate	Zip Code			FEC Id	entific	ation	Numbe	er			
Purpose of Disbursement					$\neg$	С							
Out fields Name													
Candidate Name  Category/ Type						Amount of Each Disbursement this Period							
Office Sought: House Disbursement For:						-							
Senate					4 4								
President	0	Other (specify)				Memo Item							
State: District:  Full Name (Last, First, Middle Initial)													
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Mailing Address									L			_	
City	Sta	ate	Zip Code			FEC Id	entific	ation	Numbe	er			
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Candidate Name				Categor Type	y/	Amoun	t of E	ach [	Disburs	ement	this Pe	eriod	
Office Sought: House	Disburseme	ent For:		туре	-								
Senate	P	rimary	General								1 45		
President	o	ther (spec	sify) ▼			Me	emo Ito	em					
State: District:													
SUBTOTAL of Disbursements This Page (o	optional)				<b>•</b>						1000.00	)	
							-				1000.00		
TOTAL This Period (last page this line num	nber only)										1000.00	<b>′</b>	